

Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts		RMV Document Number	
Date of Crash 10/23/2019	Time of Crash 15:13 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report	Number Vehicles 2
				Number Injured 0	Speed Limit 25
				Latitude	State Police Local Police MBTA Police Other:
				Longitude	
AT INTERSECTION:		< LOCATION >		NOT AT INTERSECTION:	
NORTH DUNSTAN ST					
Route# Direction Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street			
At					
WEST WASHINGTON ST					
Route# Direction Name of Intersecting Roadway/Street		Feet N S E W of Mile Marker Exit Number			
Also at Intersection with					
Route# Direction Name of Intersecting Roadway/Street		Feet N S E W of Route# Intersecting Roadway/Street			
				Landmark	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped	
		Case Number		190001085	
License # --- St MA DOB/Age ---		Reg # SN6038 Reg Type PAS Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL		Veh Year 2014 Veh Make BMW Veh Config. 2 20			
Operator TRAISTER JOYCE C		Owner (Same as operator)			
Address 47 PRINCESS RD		Address			
City NEWTON State MA Zip 02465		City State Zip			
Insurance Company AMICA		Vehicle Action Prior to Crash 3 21		Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: N S E W Responding to Emergency? N		Event Sequence 1 22 22 22 22		10 Undercarriage	
Citation # (If Issued)		Most Harmful Event 1 23		5 11 Totaled	
Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code 19 24 24			
Violation 3: Ch Sec Violation 4: Ch Sec		Underride/Override 25 Towed N			
Please fill out for operator and all occupants involved					
Name (Last First Middle) Address		Age/DOB Sex		26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code	
Operator See Above		1 4 4 0 0 10 1		Medical Facility	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants		<input type="checkbox"/> Non-Motorist A Type	
		Action 14 Location 15 Condition 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St MA DOB/Age ---		Reg # 5BH578 Reg Type PAN Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL		Veh Year 2016 Veh Make HONDA Veh Config. 2 20			
Operator RODRIGUEZ LOURDES JOHANA		Owner (Same as operator)			
Address 158 TOTTEN POND ROAD		Address			
City WALTHAM State MA Zip 02451		City State Zip			
Insurance Company COMMERCE		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: N S E W Responding to Emergency? N		Event Sequence 1 22 22 22 22		10 Undercarriage	
Citation # (If Issued)		Most Harmful Event 1 23		5 11 Totaled	
Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code 1 24 24			
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Please fill out for operator and all occupants involved					
Name (Last First Middle) Address		Age/DOB Sex		26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code	
Operator/Non-Motorist See Above		1 4 4 0 0 10 1		Medical Facility	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

○

Crash Narrative:

On 10/23/2019, while assigned to N493, I, Officer Conary, responded to a MVA at Washington Street and Dunstan Street. Upon arrival, I met with Operator of MV1, who stated that she was traveling Westbound on Washington Street when she attempted to make a right turn onto Dunstan Street and hit MV2. Operator of MV2 stated that she was traveling Westbound on Washington Street when she was hit by MV1. Operator of MV1 stated that she was driving under the speed limit because she was looking to make a right turn. Operator of MV1 stated that she saw that MV2 was stopped and thought was parked. Both parties were offered and declined medical attention. Both vehicles were driven from scene. No further incident to report.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

KRISTINA CONARY **NEWTON POLICE DEPARTMENT** **10/23/2019**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00